MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
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Do not use this space.

27723

File No. 8360

1. PLACE OF DEATH SEP 13 1934

County _____

Township _____

City St. Louis (No. _____) City Hosp.

Registration District No. _____

Primary Registration District No. _____

Registered No. 8360

5998

2. FULL NAME Baby Dugan

(a) Residence, No. 2829 S. 11th St. 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14-34

7. AGE YEARS 0 MONTHS 0 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Wm Dugan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Alice Frey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) M. Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE 8-17-34 19___

19. UNDERTAKER (ADDRESS) David Van Joran

20. FILED 15 1934 19___ J M Bildeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19___, to _____, 19___.

I last saw h_____ alive on _____, 19___. Death is said to have occurred on the date stated above, at 5:52 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature —

Other contributory causes of importance:

Atelectasis

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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) D Elliot _____, M. D.

(Address) _____